V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07445
1. PLACE OF DEATH	(m)
County(1/albof	Registration Dist. No. 29/
Village or City (Avyal Wak, Md	ND. St., Ward
Length of residence in atty or town where death occurred 10 yrs. mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles W. Baker	
(a) Residence: No Royal Oak and	St Wards
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
married married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I offended deceased from
(or) WIFE of Loverceia Cheatem	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Club 1854	I last Saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.2 m
79 11 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Bright Silverso Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Chronic Brolt' dias
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Duration: not ky
work was done, as SILK MILL, SAW MILL, BANK, etc	Duration: not known Cush
O Data deceased last worked at this occupation (month and many lear) spent in this year) year)	
1619	Other Contribatory Causes of importance:
12. BIRTHPLACE (city or town) Albor (State or country)	Rend Cooks Passar
	near man
7 14 4	
(State or country)	Name of operation
× 1/ + 100/	What test confirmed diagnosis? Was there en au'opsy?
1000 L 20	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
91. 10	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AN Blaughlet (Address) (Mapsee Ind.)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Easton Md Date July 6th, 1933	Nature of injury
19. UNDERTAKER Newmann + Harrison	24. Was disease or injury In any way related to occupation of deceased? 100
(Address) It michaeld ma	If so, specify
20. FILED July 6 , 1933 Johnstwales Local Registrar.	(Signed) Con M.D. (Address) Bayal Oak Ind
	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1°	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPA Jo pluods SCORD. Every PHYSICIANS statement Exact classified. certificate. properl HIS Jo plnods may back no that instructions UNFADING plain efully important. DEATH plnous very OF WRITE CAUSE

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 245 County Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or where death occurred mos ds. How long In U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME (a) Residence: No. St. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVGRCED (write the word) MIAI wall Willowes (Month) (Day) (Year) 5a. If married widowed or divorced HUSBAND of Marke 22. HEREBY CERTIFY. That I attended deceased from (or) WIFF of death is said 6. DATE OF BIRTH (month, day, and year) aug 7. AGE If LESS than Years Months to have occurred on the date stated above at 1 day,...hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 or____min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 6 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased?.. 19. UNDERTAKER (Address) If so, specify (Signed). _ Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		L L L L L L L L L L L L L L L L L L L	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B

1. PLACE OF DEATH	WERTH OF BEATT 07448
County Talbot 60	Registration Dist. No. 291
Village or City It Muchaela On ()	Λ
	NOSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 4 yrsthmos	ds. How long in U.S. if of foreign birth?wrsds.
2. FULL NAME X 100 4 ge 1 10 au	K
(a) Residence: No	St.7 Ward. > If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the /word)	21. DATE OF DEATH S 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Annie Larenne	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 14 1848	lost saw h Le alive on full 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at & m
84 11 2.4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1/8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc Pater Packer	Growe lephules
Milly BANK, etc	/
U 10. Date deceased last worked at 11 Total time (years)	
this occupation (month and year) wast 10 years ago occupation for	
12. BIRTHPLACE (city or town) Jalbot Co And	Other Contributory Canses of importance:
(State or dountry)	Secule D'uneules
13. NAME CON FOCULY 14. BIRTHPLACE (city or town) webset	
14. BIRTHPLACE (city or town) World CO	Name of operation Date of
	. What test confirmed diagnosis? Was there an au'opsy?
E Total	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or couplry)	Accident, suicide, or homicide? Date of injury, 19
THEODER (MM. Special Residence)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AVICE STATE OF CHILLIPS	Specify whether many occurred in the DOSTAT, th nome, of the Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1933	Nature of injury
19. UNDERTAKER A. C. Comarblair	24. Was disease or injury in any way related to occupation of deceased?
(Address) Henrichau and	If so, specify
20. FILED July 10, 1933 John Huwales	(Signed) M. D.
docal Registrar.	(Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

ANY AAO

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

(State or country) FATHER 13, NAME 14. BIRTHPLACE (city or fown

MOTHER

plain terms.

in

OF DEATH

CAUSE TION

efully

should

(State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

17. INFORMANT

Registrar.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of Injury_______ 19. Where did injury occur? ___.

(Year)

Date of onset

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury In any way related to occupation of deceased?

Name of operation.

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

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PEREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		•			
		?			

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor--WRITE PLAINLY, WITH UNFAMING ING-TREE Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	07452
1. PLACE OF DEATH		(131)	26410
County Selbot		Registration Dist. N	10. 290
Village or City Man	aslow find	No.	St.,Ward
Length of residence in city or town where	0'	f death occurred in a horpital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?	
2. FULL NAME CALLERY	· Paland		
(a) Residence: No.	-	St., Ward.	
(4) 1100140110011101	(Usual place of abode)	If nonresident give city	
PERSONAL AND STATIST		MEDICAL GERTIFICATE OF	DEATH
S. SEX. 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	9 , 193 3 (Year)
a. If married, widowed, or divorced	- Cong		oay) (Teal)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, The	at I attended deceased from
	114,74 10110	I last say in A alive on June 9	193 3 death is said
AGE Years Months	Days If LESS than	1 1 gy	, 10, death is said
811 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Im	
8. Trade, profession, or particular	A D ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	YE home	Mayo melan	(1)
19. Industry or business in which work was done, as SILK MILL,	1		
SAW MILL, BANK, etc	11 Total Aires (vann)	net lives	(93
1D. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
) year)	- OC.O pation	Dther Contributory Causes of importance;	
12. BIRTHPLACE (city or town)	Band-	-	7,
1 1 1 1 11	Platracel	-	
	right dings	No use of a complete	Datast
(State or country)	Mid	Name of operation	
15. MAIDEN NAME	elia Brout	23. If death was due to external causes (VIOL ENCE) fill in als	
	1 1	Accident, suicide, or homicide? Date of	The state of the s
16. BIRTHPLACE (city or town)(State or country)	nd_	Where did injury occur?	,,,,
Nallen Di	- Brout	(Specify whether injury occurred in INDUSTRY, in HDME, or	in PUBLIC PLACE.
17. INFORMANT (Address)	and and		
18. BURIAL CREMATION, DR REMOVAL L.	endery	Manner of injury	
Place Balling - me	Date 7/12 , 19 33	Nature of Injury	
19, UNDERTAKER LALLES A. S.	Sense,	24. Was disease or injury in any way related to occupation of	deceased?
(Address) Eastour	md	If so, specify	
		VIII O A. A. I. F. WINDAAA XA	
20. FILED 2/10 1933 71	. SV. neirus	Signed	M. I

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BUREAU V.S.		Service Comments		
Other contributory causes of importance:		Other contributory causes of importance:		
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		A secretary of same		

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				. 4		

JARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	93-20 Registration Dist. No. 290
County Vallot	
	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
0.7' 1-80.	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME ORALIUS Calliss	
(a) Residence: No. / Sullars (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Served	21. DATE OF DEATH (Month) (Day) 193 3
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIES, That attandad deceased fro
6. DATE OF BIRTH (month, day, end year) Nov // 1913	Mast saw have alive on
7. AGE Yaers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et 30 Pm. m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc House Work	Merete Mysearditis 1/4/3
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
1 0 1	
14. BIRTHPLACE (city or town)	Name of operation Data of
(Stete or country). Marshand	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Lda Collins 16. BIRTHPLACE (city or town) - Maryland (State or country) Maryland 17. INFORMANT - Laura Collins	23. If deeth was due to axternal ceusas (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
(Address) Earlon Md 18. BURIAL, CREMATION, OR REMOVAL Plece Satisfue and Date 7/13 1933	Manner of injury
19. UNDERTAKER ALLING A DELLA (Address) Extended	Nature of injury 24. Wes diseesa or injury In any wey related to occupation of deceesed? If so, specify
20. FILED 7/13 , 183 M. H. Merre Registrar.	(Signed) Lagrand Throng 1247 M (Address) Exactor M

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

PHYSICIANS should state

Exact statement of OCCUPA-

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

County Village or City Caston No. Length of residence in city or town where death occurred Village or City Caston (If death occurred in a keybrial or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Village or City (If death occurred in a keybrial or institution, give its NAME instead of street and number) St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (currie the word) OR DIVORCED (currie the word) St. DATE OF DEATH 21. DATE OF DEATH 22. July 18. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH (Nonth) (Day) (Text (Wonth) (Day) (Text (Wonth) (Day) (Text 1 lists taw h.e slive on. 2 lists on the date stated above, at J. 19. 3. death in the word one, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$5 SYNNER, both the hard of work done, as \$	1. PLACE OF DEATH	CERTIFICATE OF BEATH
Village or City. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. WAY AND AND COPPEY. (a) Residence: No. (busing lace of shoots) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE OR DIVORCED Cerrist the word) S. H. If married, wildowed, or divorced (cor) wife of core in the word) S. H. If married wildowed, or divorced (cor) wife of core in the word) S. DATE OF BIRTH (month, day, and year) OR DATE OF BIRTH (month, day, and year) V. AGE Years Months Days If LESS than 1 day, hrs. to have occurred on the date stated above, at 193 to 193 t		Registration Diet No. 290
2. FULL NAME (a) Residence: ND. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR BUYORCED Committee word) (Month) (Month) (Day) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (The PIRCAL CAUSE OF DEATH and related causes of importance were as inflywas: Date of Months and postance were as inflywas: (Sale or country) (Sale	Village or City Caston mol	NoSt.,Ward f death occurred in a hoppital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) St. If married, widowed, or divorced HUSBAND or divorced H	2. FULL NAME ANNA MAY COP	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCIE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced (or) WiFe of 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER of min. 8. Trade, profession, or particular word one, as SPINNER of min. 9. Industry or business in which the SAWYER, BOOKKEEPER, etc. 10. Date Geaceaed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Caston (State or country) 13. NAME 14. BIRTHPLACE (city or town) Caston (State or country) 15. MAIDEN NAME Base (City or town) Caston (State or country) 16. BIRTHPLACE (city or town) Caston (State or country) 17. INFORMANT Caston OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 19. Country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	· · · · · · · · · · · · · · · · · · ·	
3. SEX 4. COLOR OR RACE OR DIVORCED ("ourise the word) 3. If married, widoved, or divorced HUSBAND ("Or) WIFE of Or "Or) WIF	(Usual place of abode)	
It married, widowed, or divorced HUSBAND or (Or) WIFE of HER EBY CERT IFY. That I attended deceased (Or) WIFE of HER EBY CERT IFY. That I attended deceased (Nor) WIFE of 1933. to 1935. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular or min. 8. Trade, profession, or particular or min. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at penn in this occupation. 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BIRTHPLACE (city or town). 18. BIRTHPLACE (city or town). 19. May or operation.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,	lemale C OR DIVORCED (write the word)	July 6 193 33
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Saw Mill, Bank, etc.	HUSBAND of (or) WIFE of	Jul. 1 1933 to July 6 , 1933.
SAYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAY MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at J. 30m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Other Costributory Gauses of importance: Other Costributory Gause of importance: Othe	S. Indee, profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Clice Myseautho 1/3/33
(State or country) 13. NAME 14. BIRTHPLACE (city or town) Casture (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL	- I spent in this are	Other Coptsibutory Sauses of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury		(Kulmarary Infreedon 12/5)
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Besit Green Gr		
15. MAIDEN NAME Bease Green autopsy? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Address) (Address) Was there an autopsy? Was there an autopsy? Accident, suicide, or homicide? Date of injury	14. BIRTHPLACE (city or town) Casture (State or country)	Name of operation
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 8. BURIAL CREMATION, OR REMOVAL	15 MAIDEN NAME BARRIE GALLERY	
Where did injury occur? (Specify city or town, county and State) 7. INFORMANT (Address) 8. BURIAL CREMATION, OR REMOVAL	16 RIPTHDI ACE (aity or town)	
17. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVAL	(State or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	(Address) Easton - P.D.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Kickman Date July 8, 19 Nature of injury Nature of injury	18. BURIAL, CREMATION, OR REMOVAL Place Kirk Man Date July 8, 19 33	Manner of injury
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 25. Undertaker (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)		
20. FILED 7/7 ,1933 N. M. Meries (Signed) Hay garded 12047 (Address) Laston M.		and the state of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYL PLACE OF CERTIFICATE OF DEATH County Registration Dist. No.Ward) (If death occurred in hospital or institucla tion, give its NAME in-Mumber.) prope MEDICAL CERTIFICATE PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. 0 MARRIED. 0 WIDOWED should may OR DIVORCED Write the word HEREBY CERTIFY. That I attended the decessed 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, et 7 AGE If LESS than supplied The CAUSE OF DEATH & I day hrs. termsyrs......mos......ds..or.....min. ? 99 8 OCCUPATION plain t (a) Trade, profession or particular kind of work..... mportant. (b) General nature of industry business, or establishment in (Duration)yrs......mos... in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country (Duration) DE 10 NAME OF FATHER / 11 BIRTHPLACE ENT state OAUSE State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury; and (2) whether (State or country Aceidental, Suicidal or Homicidal. AR 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. da. State.....yrs.....mos..... of O (State or country) of Where was disease contracted, of TO THE BEST OF MY KNOWLEDGE if not at place of death?.... CIANS short shoi Former or usual residence (Informant) .. 19 PLACE OF BURIAL-OR REMOVAL DATE OF BURIA ddress ADDRESS 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

BINDING

ARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (1) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it niture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, :specially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day gaged in domestic service for wages, as Scrvant, Cook ployed, as At «chool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed winatever, write None. .. red 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc report specifically the oce pations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

of train-accident: Revolver wound of head-homicide; head of "contributory." myes, peritonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menconditions, such as "Asthenia," "Anaemla" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Ohronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Purperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For violent deatils state means of injust State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-(merely (disease The na-(second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

STATE OF MARYL CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-cion, give its NAME in-.. Ward) stead of street and humber.)

MEDICAL CERTIF	ICATE OF D	EATH
16 DATE OF DEATH	Ionth)(1	Day) 1923
17 I HEREBY CERTIFY, T	to falls	the deceased fro
that I last saw h alive on		, 192
and that death occurred on the d	ate stated above	re, at
The CAUSE OF DEATH & was as	follows:	
(Dur	ation)yrs.	mos
Contributory	> · · > · * * * * * · · · 0 0 0 0 0 0 0 0 0 0 0	
(Dur		

(Address)..... State the Disease Causing Dath, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE	(For Hospitals, Institutions, Tran
ients, or Recent Residents)	
At place	In the

At place of deathyrsda,	In the State,yrs mos
Where was disease contracted, if not at place of death?	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

OF BURIAL OR REMOVAL

11 DDRESS

DATE OF BURIAL

of more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestlux V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it muture of the business or Industry, and therefore an giry to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, c. g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fromen, etc. tweed 6 yez.). I isluess, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) But in many The material The ques-

Statement of Cause of Death—Name, first, the biskase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.");

> conditions, such as "Asthenia," "Anaemla" ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchopnoumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under diseases resulting from childbirth or mlscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Deblilty" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," (Secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. inges, peritonacum, etc., quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. Whooping cough; ment of cause of death approved by Committee on head of "contributory." Examples: Accidental drowning; Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Struck by railway The contributory "Coma," "Con-(disease terminal (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. stated EXACTLY. PHYSICIANS Exact statement mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07456
1. PLACE OF DEATH	(N7)
County (a) bol	Registration Dist. No. 290
Village or City has Xon	No. home gency Mossi Sed Ward
Length of residence in city or your where death occurredyrs,mos.	death occulred in a hospital or institution, give its NAME instant of street and number) How long in U.S. if of foreign birth?
2. FULL NAME SOM COMONIA	2
(a) Residence: No. U Centre ville Mary	Osmal. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Swrite the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word)	21. DATE OF DEATH 23 , 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 23 1933 to half 23 1933
6. DATE OF BIRTH (month, day, end year)	I lastsaw hin alive on July 23 , 1533; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state chove, at 1390.m.
20 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	5.S.W. & Chesh.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Coutteerlle (State or country)	Other Contributory Causes of importance:
I 13. NAME I E MAN	
13. NAME 1. 13. NAME 1. 14. BIRTHPLACE (city or town) 1. 14. BIRTHPLACE (city or town) 1. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Daise Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide sure of Date of Injury 7/23, 1933 Where did injury occur? hear Centre scale had
17. INFORMANT access Emany (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Level Level Level Date 2/25, 1935	Manner of injury 25. W. Chest.
19. UNDERTAKER Bartan Bras (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 7/ Z, 4, 1933 2 JL Meries. Registrat.	(Signed) Will Saline M. D. (Address) Costou Will

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

should

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Example I	ř.	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-60 07458
County Salbot	Registration Dist. No. 391
Village or City Plear choppe	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comes (1) Translator	
(a) Residence: No. Near Trash	St, ' Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Classed	21. DATE OF DEATH Suly 15 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Rale Tramplon	may 28 1 133 to shelp 15 19 33
6. DATE OF BIRTH (month, day, and year) Time 13 - 1852	Hast saw how elive on half 1470 1933; death is said
7. AGE C/ Years Months Days If LESS than	to have occurred on the date stated above, et _ 7_0m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 10 2 9 I1. Total time (yeers)	(Interior sclerosco). Let 1928.
9. Industry or business In which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and spant in this	
year) Opru'f occupation	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	A A A A A A A A A A A A A A A A A A A
(State or country) Maryland	Myocardelis. May =-33
13. NAME Strong on Frampling 14. BIRTHPLACE (city or town) Foll 5 - 100	W. W
4 14. BIRTHPLACE (city or town) Journ 100	Name of operation Date of
(Stete of country)	What test confirmed diagnosis?
15. MAIDEN NAME (15. MAIDEN NAME (15. MAIDEN NAME)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country) Knarylana	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALL KATES FRANCISCOS	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Sanon lux Dete July 17, 19.33	Nature of injury
19 UNDERTAKER sames a Sleence	24. Was disease or injury In any way releted to occupation of deceased?
19. UNDERTAKER James W Delence	If so, specify
0.0.70	(Signed) M. D.
2D. FILED Salty 15, 1933 JONA Registrar.	(Address) Supper my
W. L. J. J. Court Paris	N. Charles Street Relimons Properting 7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIAN	1
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V. S. No. 1

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should state of OCCUPA.

of infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	07459
1. PLACE OF DEATH			
County Talbot		Registration Dist. No.	290
Village or City Easton			St.,Ward
		f death occurred in a hospital or institution, give its NAME instead of str	reet and number)
Length of residence In city or town where dea	th occurred 1.2 yrsmos	sds. How long in U.S. if of foreign birth?yrs	mosas.
2. FULL NAME Undrew	- Syreen		
(a) Residence: No. //8 Sout	Laurora.	. St., Ward.	
	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE S	OR DIVORCED (write the word)	21. DATE OF DEATH	193 3
5a. If married, widowed, or divorced			(121)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I a	
	1 /		, 19
6. DATE OF BIRTH (month, day, and year)	116/20		19) ; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 450 km. The PRINCIPAL CAUSE OF DEATH and related causes of important	nce
1.3 3	/ ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	11.0		~ ~ ~ / -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and a	- Lower 20	1.46
9: Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	~		
0 10. Oate deceased last worked et	11. Total time (years) spent in this		
this occupation (month and year)	spent in this occupation		
R.11.		Other Contributory Causes of importance:	
(State or country)	Mal		
1 04/11	A low		
E D.		Name of operation	Oate of
14. BIRTHPLACE (city or town)	umous Md	What test confirmed diegnosis? Was t	
	as a solution	23. If death was due to external causes (VIOLENCE) fill in elso the	77
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	of the Marynas	Accident, suicide, or homicide? Accident Date of injury	
16. BIRTHPLACE (city or town)	WAL LOD	Where did injury occur?	and.
(State or country)	0 0.	(Specify city or town, county	y and State)
17. INFORMANT Williams	0 Morun	Specify whether injury occurred in INOUSTRY, in HOME, or in PU	DEIO FERICE.
18. BURIAL CREMATION, OR REMOVAL		Manner of injury Fell in wa	ter
Place Easton	Oate 1/28 ,193		
	11	Hotels of Mijory	" 71 - 5
10 HALOPPTANE PRIME U CAS	Eine	24. Was disease or injury in eny way related to occupation of dece	ased!

Registrar.

If so, specify

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTL

AGE should be

supplied.

mation should be carefully -WRITE PLAINLY,

6

(Address)

STATE OF MARYLAND	-CERTIFICATE OF DEATH 07460
1. PLACE OF DEATH	82-60
county Jalbot Co,	Registration Dist. No. 29/
Village or City Royal Oak Md	
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Jeremiah Valliant Ham	ed.
(a) Residence Royal Qak Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widered	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Elma Bartlett Harris (or) WIFE of Elma Bartlett	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 20, 1856	Plast saw h was alive on July 4 19 00 death is said
7. AGE Years Months Days If LESS than	
77 8 15- 1day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Marchaut SAWYER, BOOKKEEPER, etc.	Longislan of too Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at June 18 this occupation (month and 1933 spant in this occupation occupation)	
12. BIRTHPLACE (city or town) Poyal Oak, md. (State or country)	Other Contributory Causes of importanca:
13. NAME Edward D. Harris	
14. BIRTHPLACE (city or town) Poyal Oak, md (State or country)	Nama of operation
15. MAIDEN NAME Hamit Valliant	What test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy?
16. BIRTHPLACE (city or town) Salbut Co	23. If death was dua to axtarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Junemiah Valliant Hunia (Address) Royal Och mid	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Easton Ind Date July 7 , 19.3	
19. UNDERTAKER Mewnam & Harrison	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A THE WAR THE PARTY OF THE PART	

V. S. No. 1

state

STATE OF MARYLAND—CERTIFICATE OF DEATH

red	OR DIVORCED	ried	(Month) (Day)	, 193 (Year)
Z Eeb	est Has	his	22. HEREBY CERTIFY. Ihst t attende	19
year) -	100-2-1	1885	I last saw h. En alive on fury to 193	; death is said
Months	Days	If LESS than	to have occurred on the date stated above, at 22m.	
5	14	1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Oate of onset
NNER, 74	newi	Le		
IILL,				a diale
	11. Total tim spent	in this		
Roya	lack	10	Other Contributory Canses of Importance:	
Cost	600 711	1	•	
PE N	Princeles	eu .		
Be	llevul	1	Name of operation Date of	
relied	-60 Z	ud.	What test confirmed diagnosis? Wes there a	n auto sy?
111 1	Grape		23. If death was due to external causes (VIDL ENCE) fill In also the follow	ing.
me	llevre	0	Accident, suicide, or homicide? Date of injury	
albo	700 Z	ced.	Where did Injury occur?	
I'M	· · ·	-	(Specify city or town, county and Specify whether Injory occurred in INDUSTRY, in HDME, or in PUBLIC	tate)
	200000	001110	- Specify whether injury occurred in two ostar, in fibrile, of the oblid	renot.
AL J	accerved the second	e muy.	Manner of Injury	
6 4114	P Date Que	19 193	3	
S	1/1	1	Neture of injury	
12,2	WELLER	ino	24. Was disease or injury in any way related to occupetion of deceased?	
ston	wind		If so, specify	
334	14/ X	Polosi	(Signed) Some lo. Fifth	
	-1-1	Registrar.	(Address) Dollar Mul	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		TO SECURITION OF THE SECURITIO	

should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	146
County ANONS Y	Registration Dist. Nov. 290
Village or City COMADU IVA	No. 6 Mealucy Josping St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpitalior institution, give its NAME instead of areat and number)
William Hilliam	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME THE TOTAL COLUMN	
Residence: No	X - St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Telline Mile OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced	
(OF) WIFE OF THIS COLD HOLDEN	22. HEREBY CERTIFY, That I attended deceased from
110 31 1900	I last saw h. O. lelive on D. N. Y. A. 1933 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
21 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows: Date of one et
kind of work done, as SPINNER, MUSE MOIN	16° A
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ochurten p
	1 act Octim 12 his
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 3 spont in this year)	D
Markell	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Cant To Language 12 for
# 13. NAME ULI KLIMETU MENSON	ED CLOUNT
13. NAME WWW. 1179000	Neme of operation Zove Date of
(Stete or country)	What test confirmed diegnosis? Ormeral Was there en autopsy? 46
# 15. MAIDEN NAME Dessie ? Mukurum	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME DESSIE . LUKUMM 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
DITUNFORMANT ITTE DE HE LOUISEY	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) SNOTENO UITEL DIO	(,
Place Per All Will Date 122 30 , 1932	Manner of injury
Charles Services	Nature of Injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceased?
D. L. Walley	If so, specify (Signed) 2000 CM. D.
20. FILEO 128, 1933 A. A. Morres Registrar.	(Address) Carlow Will
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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V. S. No. 1 m,

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Contributory Causes of importance and spant in this occupation (State or country) 12. BIRTHPLACE (city or town) State of country) Services of the state of	2 4
Length of residence in city or Jown where death occurred yrs mos. 2. FULL NAME (a) Residence: No. (b) County of Louis place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Curric the word) St. Ward. (Clusal place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Curric the word) Sa. If married, widowed, or divorced MUSSAND of (or), MAJEE of Jerry H. Mouleman. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days 11 LESS than 1 day, hrs. or particular work was done, as SPINNER, SWYER, BOOKKEPPER, etc. 9. Indistry or business in which work was done, as STIK MILL, Spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Was there an instruction, and show the foreign birth? yrs. mos. ds. How long in U. S. How foreign birth? Ward. Was there and the work of the foreign birth? Ward. How long in U. S. How foreign birth? Ward. How long in U. S. How foreign birth? Ward. How long in U. S. How foreign birth? Ward. How long in U. S. How foreign birth? Ward. How long in U. S. How foreign birth? Ward. How long in U. S. How foreign birth? Ward. How long in U. S. How foreign birth? MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Oay) 22. 1 HER EBY CERTIFY, That I attended of the date stated above, at. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: What Less confirmed diegnosis? Was there an incomplete the word. Name of operation. Name of operation. Was there an incomplete the word. What test confirmed diegnosis? Was there an incomplete the word. Was there an incomplete the word.	31
(a) Residence: No. (b) Cutual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE OR DIVORCED Comire the word) So. If married, widowed, or divorced HUSBANO of (Or), LLIFE of Home, A. Aculeuraus 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days 11 LESS than to have occurred on the date stated above, at the residual for min. No. 1 min. No. 1 min. 1 more ident give city or town and MEDICAL CERTIFICATE OF DEATH 22. I HER EBY CERTIFY. That I attended the profession, or particular with the control of the date stated above, at the profession, or particular work was obne as STRINER. Aculeuraus 8. Trade, profession, or particular with or min. No. 1 min.	
(a) Residence: No. (Unual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE S. SINGLE MUSEAND OF Comment of the word of the process of the	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (Or) HUSBANO (OR) (OR) (OR) (OR) (HICHOR HUSBANO (OR) (HICHOR	Stale
So. If married, widowed, or divorced HUSBANO of (Or) WHEE of HUSBANO OF (OR) (Islas or country) OTHER EBY CERTIFY, That I strended (Month) (Oay) I HEREBY CERTIFY, That I strended (HUSBANO OF (MORTH) (Oay) I HEREBY CERTIFY, That I strended (HUSBANO OF (MORTH) (Oay) I HEREBY CERTIFY, That I strended (Month) (Oay) I HEREBY CERTIFY, That I strended (I HUSBANO OF INTERMATION OF INTERMA	
HUSBANO of (or) LIFE of Jenry A. Naulemans 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Samurary 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an	193 <u>3</u> (Year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. Source of this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME John Source of the date stated above, at	eceased from
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(State or country) Sermany (State or country) Sermany (Manuel Catalet als again Changes Dauply brought on by year 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Was there and	
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15. MAIDEN NAME ful comments for the force of myany 23. If death was due to external causes (VIOL ENCE) fill In also the following	u*opsy?
15. MAIDEN NAME functions. The first of many of the following accident, suicide, or homicide? 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT August fooley daughter (Address)	: ,19
18. BURIAL, CREMATION, OR REMOVAL Place Lettoric Date July 9	
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year
			41-11-1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County 1 albo	Registration Dist. No. 292
Village or City Offord (If	No. St., Ward death occurred in a horping or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurredyrs,mos	3 Acrully long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harris Leons	Jackson
(a) Residence: No. Jelsheran	St., Ward.
(U)ual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 2 7 , 193 3 (Yeer)
Sa. If married, widowed, or divorce	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
7-27-33	I last saw h Am elive on 27 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6 2 Pm.
1 day, 3hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Configura Constant Constant States
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work was done, as SILK MILL, SAW MILL, BANK, etc.	
- Chilo occupation (month and	
year) occupation	Other Contributory Cancer (Importance)
12. BIRTHPLACE (city or town)	fremature buth
(State or country)	12/ t) worths,
13. NAME Hams Longo + toya.	
13. NAME Hans Leans Florid. 14. BIRTHPLACE (city or town) Caster or country)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an aulopsy?_/
15. MATTEN NAME Marie Virguis Jockson	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MATDEN NAME Marie Virguria Jochson 16. BIRTHPLACE (city or town) - Opport	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Prance Virginia Jackson (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Auto-
Place New Oxford Date July 28, 1933	- Nature of injury
19. UNDERTAKER Carpinous ones (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Hanly Myhwan M.
20. FILED 19. 19. 33 19. 33 Registrar.	(Address) and toll med
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	7 11		

ADD	ITIONAL SPACE	FOR FURTHER STA	TEMENTS BY P	HYSICIAN	1 0
Weight	don.	pounds -	opiess	ively lang	e head
regumes (Louis	delinen	, ho	injun	t. infant
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Vlacenta as	theren!	versory		7	

(Year)

Date of onset

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gaustones	May 1,1923	Gastroenterius	1 yea

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	07466
County Fallat	Registration Dist. No. 290
Village or City Gastwu	No. Emergency Hospital St Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mrs. Jda Virginia	Melvin
(a) Résidence: No Tederalsburg Maryland (Usuarplace of abode)	L. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Grederick M. Melvin	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) were 23-1872	Wast saw here alive on July 3/ 19.33; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 2.100m.
6 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as tellows:
8 Trade profession or necticular	Diobete mellite Date of onset
4 9 Industry or business in which	34ra
work was done, as SILIK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Mary and	Repulle, Fall
# 13. NAME Justine Wright	
13. NAME Justine Wright 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Cleurs Was there an europsy?
15. MAIDEN NAME Julia & Stafford	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MASS Helen Meluin	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	(Manner of injury
PHI laculary 1. 00 19 10 19 13	Nature of injury
19. UNOERTAKER Juigel Thank	24. Was disease or injury in eny way related to occupation of deceased?
2/2 2 2 1/2 .	If so, specify
20. FILED 1 31 19.33 11. TV . // QUILLS Registrar.	(Signed) M. D.
Acgistrar, 11	(Marcos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED _ 1

Б	Registration Dis	t. No. 929	0
No Enterpolation of death occurred in a hospital or institution of the state of the		stead of street and n	Ward
is (Foetus)			
St.,Ward.	If nonresident give	city or town and	State
MEDICAL CERT			Diace
21. DATE OF DEATH	. \	nn	3
M	onth) Y	(Day)	193(Year)
last saw halive on	27 1	That I attended o	leceased from 1, 19 3 3
to have occurred on the date stated about	ve, at	m	, 400011113 3014
The PRINCIPAL CAUSE OF DEATH and were as follows:		f importance	
meie as ronows.		- 1-1-11	Oate of onset
Still Br	ta Pi	enk	
Other Coutributory Causes of importance		*************	
Name of operation Version What test confirmed diagnosis?		Date OI_A	1273}
23. If death was due to external causas (V			
Accident, suicide, or homicida? Where did injury occur?			
(S) Specify whether injury occurred in INDU	pecify city or tow JSTRY, In HOME,	n, county and State or in PUBLIC PLA	CE.
Mannar of injury			
24. Was disease or injury in any way rela	Heal to occupation	of deceased?	4
If so, specify (Signed)	Joli	ST. O	M. D.
(Address)	~0~(

Registrar.

If LESS than

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Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of should PHYSICIANS Every statement CORD. Exact BINDING properly FOR plnods may that plain carefully Ë DEATH

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH County__ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U. S. if of foreign birth?______yrs.____mos.____ds. JUR 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Jule (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Days Months If LESS than to have occurred on the date stated above, at___ I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance __min. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... on 10. Date deceased last worked at II. Total time (years) spent in this this occupation (month and year) _____ occupation __ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) 13. NAME FATH 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Date of injury_____ 19____ (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury CAUSE Nature of injury. 19. UNDERTAKER (Address) If so, specify (Signed)_ West Registrar. (Address)

(Year)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH ()747()
1. PLACE OF DEATH	<u> </u>
County Talliat	Registration Dist. No. 290
Village or City Cartau (16	No. 6 Mer gener Hospattal St., Ward death occurred in a horpital for institution, kive its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Bay Sharp - Still	born
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (water the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That attended, deceased from
(or) WIFE of	July 16 19 33 to Sn14 16 19 33
6. DATE OF BIRTH (month, day, and year) July 16-1933	I last saw h
7. AGE Years Months / Days If LESS than	to have occurred on the date stated above, at 930m.
1 day, 1 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Hill. Born
9. Industry or business In which work was done, as SIL K MILL, SAW MILL, BANK, etc	
O Date deceased last worked at this occupation (month and year) spent in this occupation ————————————————————————————————————	
7 1 1 2 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Sualine County	
14. BIRTHPLACE (city or town) WOLWE CALL (State or country)	Name of operation Date of
- I togetham	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME (15. MA	23. If death was due to external causes (VIDLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
DEMINE CRASO	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AND THE TOTAL OF	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place MAN MA Date July 1719-53	Nature of injury
Damaii - Stino	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	if so, specify
2/10 00 214/ 2010	(Signed) Comes B Merrutt o M. D.
20. FILED	(Address) CAAON Md
	and and itself

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ould state OCCUPA.	1. PLACE OF DEATH	9360
3		County tallo	Registration Dist. No. 240
10	should of OCC	Village or City Easton	No. Emergence to plast. MG Ward
_	.=	The contract of the contract o	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS NS	Length of residence in city or town where death occurredyrs,mos.	ds How long in U.S. if of foreign birth?yrsmgsds.
	rsicians rsicians statement	2. FULL NAME Mis Bertha Sneed	- N. P.
	D. SIG	(a) Residence: No. ween Owne	ST, M O Ward.
	SH	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RECC . Pl Exact	PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OB RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
- 7	Y. X.	OR DIVORCED (write the word)	9 als 6 193 3
5	S. L. S.	amale while married	(Month) (Day) (Yeer)
Z	ANEN A CT Ssified	Sa. H married, widowad, or divorced HUSBAND of (or) WIFE of	22, I HEREBY CERTIFY, That I attended deceased from
Ð	Mark 19 19 19 19 19 19 19 19 19 19 19 19 19	Mr Kungia d. Sneed	June 30 , 1930, to July 6, 1933
BIND	EX EX cla	6. DATE OF BIRTH (month, day, and year) Sept // 1996	I last saw here alive on July 6, 1933; death is said
~	d d	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
O	IS A PE stated E properly certificate	36 9 25- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
I	**	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ausschoff	-1-1
E	HIS be be of	SAWYER, BOOKKEEPER, etc.	myocardeles \$133
EVE	ould may back	9. Indestry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).	7.7.
RESER	25 _	SAW MILL, BANK, etc	
ESS	AGE SI that it ons on	this occupation (month and spant in this 9 % occupation / 9 %	
K	AG th ion	Nels Gra	Other Contributory Causes of Importance:
K	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) And Country Country	verete Delitotion New 7/13
ARGIN	UNFA supplied n terms, ee instru	# 13. NAME Sus. Carl Edward Jones	
$\overline{\mathbf{A}}$	DET	H A DIDTHOLAGE (Albumata)	Name of operation believery torsely had 7/63
à	TO	14. BIRTHPLACE (city or town)	, What test confirmed diagnosis?
		15. MAIDEN NAME min and linggold	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	- H	E 10.6-2	Accident, suicide, or homicide? Date of Injury19
	AINLY, d be car DEATH y imports	(State or country)	Where did injury occur?
	be be im	m. p. l. of a Xill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	LA uld	17. INFORMANT MAN Charles Anna Creating	
		18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
		Place Vellslow Date July 9, 19 33	Nature of injury
	-WRITE mation s CAUSE TION is	Q elipside Trians	24. Was disease or Injury In any way related to occupation of deceased?
	TEOF	19. UNDERTAKER (Address)	If so, specify
No.	W.	2/2 28 hull mousin	(Signed) Zuetaluer, M.D.
>	Z	20. FILED 2/7, 19.3.5./ 50 . Af LUCUS. Registrar.	(Address) Alau Zug
	(1)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF	F DEATH	MARTERIES	-CERTIFICATE OF D	01412
County	Tulla	+ Co Ma	Registr	ration Dist. No. 295
	6	and a	No.	St. War
Village or C	ily.		f death occurred in a hospital or institution, give its	
Length of resi	dence in city or town where d	eath occurredyrsmo	s. 4 ds. How long in U.S. if of foreign bir	th?mos
2. FULL NA	ME Samuel C	. Thomas	A	
			Pa St., Ward.	
(-/		(Usual place of abode)		esident give city or town and State
	IAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
Male Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	uly gy . 193 3 (Yeer)
5a. If married, widow HUSBAND of	ed, or divorced			
(or) WIFE of	Amy Pt Thom	as	22. I HEREBY CER	TIFY. That I attended deceased fro
DATE OF BIRTH	Oct	4th 1873	t tast saw halive on	
AGE Yea	(month, day, end year) OC t	Days If LESS than	to have occurred on the dele stated above, at	0.0
	po monens	_ 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end relate	
59	orion or postinular	5 ormin.	were as follows:	Date of ons
kind of v	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	lammenter	(12-10-10 d	40004440
9. Industry or		. 7	CARCAGO CA	
work was SAW MIL	business in which s done, as SILK MILL, LL, BANK, etc	House		
10 Date decease	ed last worked at pation (month and	35 11. Total time (years) spent in this occupation 38		
12. BIRTHPLACE (cit	Rema		Other Contributory Causes of importance:	
(State or cour		o Pa		
13. NAME 1	William M Th	nomas		
		ster Co Pa.	Name of operation	Oate of
(State or		28.001QQA.Q	What test confirmed diagnosis?	
15. MAIDEN NA	ME Emma Odge	en	23. If death was due to external causes (VIOLE	
	(city or town) Del		Accident, suicide, or homicide?	
(State or	country)	4 Sec 4 Sec. 4	Where did Injury occur?	
17. INFORMANT(Address)	any Poll	mas.		city or town, county and State) /, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT		i i	Manner of injury	700070007700000000000000000000000000000
Ptece_Cui	mberland Cer	n-Date 7/12/ 133	- Nature of Injury	
19. UNDERTAKER (Address)	mis Si I a	cinty ston.	24. Was disease or injury in any way related to	o occupation of deceased?
20. FILED.	9 1933	ell Office Registrar.	(Signed) Jores (MC	Franks (m)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
700 ·			
Other contributory causes of importance:		Other contributory causes of importance:	2
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

PHYSICIANS should state Exact statement of OCCUPA. A PERMANENT RECORD. Every item of inforstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING UNFADING INK-THIS IS MARGIN RESERVED mation should be carefully supplied. AGE should be B.-WRITE PLAINLY, WITH

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07	7473
1. PLACE OF DEATH	2:)	
County Jally	Registration Dist. No.	7
Village or City he Daniel	NDSt.,	Ward
Length of residence in city or town where death occurred 30 yrs 6 mos	death occurred in a hospital or institution, give its NAME instead of street and nu- death occurred in a hospital or institution, give its NAME instead of street and nu- mos. How long in U.S. if of foreign birth?	mber)
2. FULL NAME Mune / 186		
(a) Residence: No. he Decide (Usual place of abode)	St., Ward. If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <u>3</u> (Yaar)
5a. If married, widowed, or divorted HUSBAND of Charles Lott.	22 I HEREBY CERTIFY, That t attended de	eceased from
6. DATE OF BIRTH (month, day, and year) Per 25- 1887	I last saw here alive on week 34 19 33.	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 252 m.	death 12 2910
50 6 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	P	Date of onset
9. Industry or business in which work was done, as SILK MILL,	- Inches	2/220
SAW MILL, BANK, etc.	f service was	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 11. Total time (years)		
12. BIRTHPLACE (city or town) Salvot Country (State or country)	Dthar Coutributory Causes of importance:	
	Chrowe arthurtes	227,40
± 111 f (0 - 4		/
(State or country)	Name of operation Date of	
15. MAIDEN NAME KATE HAPLANDA	What test confirmed diagnosis?	opsy?
15. MAIDEN NAME Cate Allafol 16. BIRTHPLACE (city or town) Albol Oyuly	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?	, 19
(State or country) & Manyand.	Whera did injury occur?	
17. INFDRMANT Markey Loss Wed.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, DR REMOVAL Place Date July 7, 1933	Manner of injury	
19. UNDERTAKER Y 1/6 Wayshally	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?	<u>ـــــ</u>
(Address) At Michaels Mid.	If so, specify	
20. FILED July 17, 1933 Smoxtur & Partie	(Address) Withing S	M. D.
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

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state

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item

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2042040			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Jallol	Registration Dist. No. 244,
Village or City Oxford	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillbuth Wal	les)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
DERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
determinable, W. OR DIVORCED (write the word)	(Morris) 4 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	732-1933 10 7-2 1933
6. DATE OF BIRTH (month, dey, end yeer) 7-2-33	I last sew he sive on 7-2, 19-33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	surrounded by purseller
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last worked et this eccupation (month and	in later in to term amount
	I was much a philital which of
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	mother had out higherthe
13. NAME Earl g. Waller.	
13. NAME LANGE (city or town) Land Dil (State or country)	Name of operation Date of Market confirmed diagnosis? The Aras there an eu opsy?
15. MAIDEN NAME Edna May Heath	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Edna May Heath 16. BIRTHPLACE (city or town). Princess Angel	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carl & Waller (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oppose had Date	Nature of Injury
19. UNDERTAKER Eal g Wille (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
20, FILED Oct 26 19.33. 0.00 4 2000	(Signed) Harly Millioner, M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONA	L SPACE FOR FURTHE	R STATEMENTS BY F	PHYSICIAN,	0
metter saw me	- Letter trans	may and	enged for	Condine
ment tent Penal	ix menses 50	15 d33 h	El ment	Buit
the or letters. &	Chimm posile		-19907.0	Later in
the total rabban	1.	to phonette	dead Expect	ant tre
middle 1 June 100 -	June 26,1013.	41 Lat 10	1 done am	ha do to
rot newsall, Erom Ja	young 2/1/23 Miles	1011	0) Bid hed deline	an did as
from titlet celiered .	the chapes below &	to 1 character with	+ Almondo Make	let I struck

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
,		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5 ,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

1. PLACE OF DEATH	97476
County Taltol	Registration Dist. No. 291
Village or City Offord Shoth	No. St., War
. // // 2	If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
laci M	
2. FULL NAME Dalle Hugand	
(a) Residence: No. Offer Manual Manual (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Homen White OR DIVORCED (write the word)	(Month) T (Day) (Year)
a. If married, widowed, or divorced	
HUSBAND of Could D. Trugard	22. I HEREBY CERTIFY. That I attended deceased from 1930, to freely Ly 1932
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
DATE OF BIRTH (month, day, end year) W-C-22 /85/	I last say have occurred on the date stated above, at 7 Pi
AGE Years Months Days If LESS than 1 day,hrs.	
/3 ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Houseoffe SAWYER, BOOKKEEPER, etc.	abdominal myong 1928
9 Andustry or business in which	00-10-10-10-10-10-10-10-10-10-10-10-10-1
work was done, as SiLK MILL, SAW MILL, BANK, etc.	Myoma of attrue Cuig 67.
this decapation (month and 1041 00)	
year) occupation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) (wandswelle	age
(State or country) Smeret Co Pa	
13. NAME Jeac Kanffman	
13. NAME Jeac Kanffmen 14. BIRTHPLACE (city or town) bearids will	Name of operation
(State of country) someran co pa	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Polly Blough	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Polly Blough 16. BIRTHPLACE (city or town) Was allowed (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Steto or country) Someral Co Pa	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ghr Muyard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) By for the 18. BURIAL, CREMATION, OR REMOVAL	Managed Series
Place Office Countary Date July 26e, 1933	Manner of injury
James O. Classes !	9
19. UNOERTAKER	24. Wes disease or injury in eny way related to occupation of deceesed?
20, FILED July 16, 1933 Jordangon	(Signed) Jastavery M.
	(organica)

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year